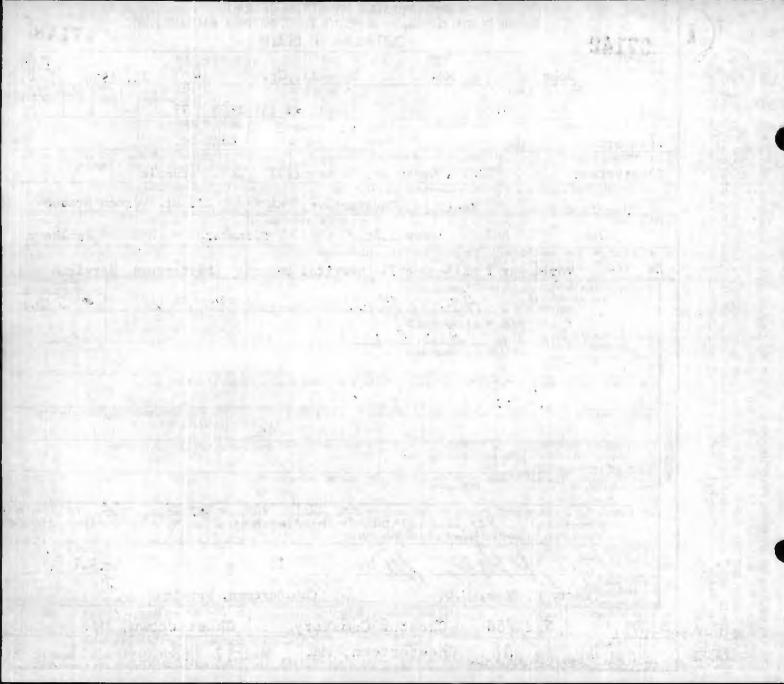
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/07142	(	ERTIFICATE OF DEATH		11140
I. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	Year 1:00
(Type or print) John	MMN	Bedwell, Jr.	May 22,	1968 P.
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Male	White	Sept. <b>½</b> % 15	, 1888   79 YRS.	
7a. BIRTHPLACE (State or foreign 71 country)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Delaware	US	WIDOWED DIVORCED	Kent Co.,	M
Male 7a. BIRTHPLACE (State or foreign Country) Delaware 10. CITY OR TOWN OF DEATH Chestertown 13a. USUAL RESIDENCE (Where deceased admission) STATE	11. NAME OF HOSPITAL OR INS give street address Rent & Queen	TITUTION (If not in hospital 12a. USL during n	JAL OCCUPATION (Kind of work done nast of working life, even if retired.) Ret. Nechanic	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased admission) STATE  Maryland	lived, if institution: Residence befare 13b. COUNTY Kent	Chestertown 13d INSIDE CITY		non Avenue
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
John	NMN Bedwel	L1,Sr E	lizabeth NMN	Faulkner
16g. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT	Address	
Yes no, arwak nown) (If yes give word World	War I 214-30-86	77 Hospital Reco	rds Chestertown.	Maryland
	one cause per line for (a), (b), and (c).		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED E		MYOCARDIAL 1	NEACCTION	4-5 km
4109	DUE TO, OR AS A CONSEQUENCE OF	. / .		
Canditions, if any, which gave	(b) A.S.	2. U.D		years
rise to immediate cause (a), ( stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			1
last.	(4)			
4201	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
		YES NO 5	CAUSES OF DEATH?	
	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 or Part 2,	, Item 18.}
G CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M.			
While Not while at work		21f. LOCATION Street or R.F.D. N		County State
22a. I certify that (I) (this	haspital) attended the deceas	ed from <u>May 22</u> , 19. 9 <u>68,</u> and that in (my) ( <del>eur)</del> a	68 , to May 22 , 1	9 <u>68</u> , that (I) (we) la
sow the deceased aliv	(I) (we) (did) (did not) view the	7_QQ, and that in (my) ( <del>eur)</del> al	pinian death accurred an the d	are and hour and from th
22b. SIGNATURE	(i) (we) (did) (see hor) view ine	. ^	220	. DATE SIGNED
Music	I lase "	DEGREE PHYS.	MED. STAFF PHYS.	5-23-68
22d. PHYSICIAN'S	t suas su	22e. ADDRESS		
NAME (Type) Harry F	Ross, M.D.	Chester	town, Maryland	
230 BURIAL CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
B REMOVAL (Specify) 5/	25/68 Chest	er Cemetery	Chestertown BY REGISTRAR 25b. REGISTRAR	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07149 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) James Bond 68 S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) 8/25/1890 Male Colored YRS. 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) N. Carolina U.S.A. Kent County WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during rist of warking life, even if retired.) give street address) R.F.D. Chestertown INDUSTRY Home Factory 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OF TOWN . 13d, INSIDE CITY LIMITS? 3e. STREET AND NUMBER admission) STAMarvland 13b. COUNTY Kent Chestertown D 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last John Robert Bond Meta Speller 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address R. F. D.# 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) Mrs.Florine Bond Chestertown . Md CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH namition IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year

(If either, natify medical examiner) 21d. INJURY OCCURRED

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

City or Town

County State

While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 5-22-6/, 19-, to 5-20-, 1968, that (I) (we) lost sow the deceased alive an 5-20-1968, and that in (my) (our) opinion death occurred on the date and haur and fram the

causes stated above. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

ATTENDING

DIRECTOR 22e. ADDRESS

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION

B18EMOVAD(Specify

Rudolfs Egl itis M.D.

Rock Hall, Maryland NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Aldran Cem Bertie Co.N. Carolina

directar, page 3 should be filed v FUNERAL DIRECTOR

d Chestertown, Md.

ADDRESS

250 REC'D BY REGISTRAR 1968 DATE JUN

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68

O FUNERAL DIRECTOR: After be retained

and 2

funeral

physician and campletely filled in,

remaye carban

any event,

remayal,

burial-transit

as the has been

requires that the death certificate be executed within 24 haurs after death

64.22 - - 35,34 Andrew Parket Samuer An improvement are to be a second of requirements that the real The second of th Single in the second of the contract of the co AND THE ROLL OF THE WAY OF THE PARTY OF THE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

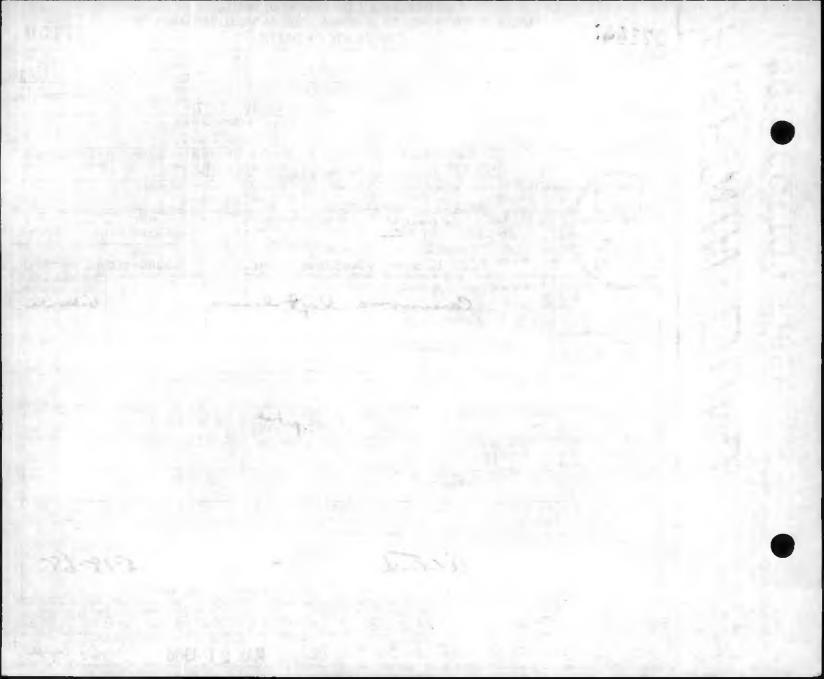
17150

ROTAM				CKIII	ICAIE UF	DEALL						
1. DECEASED-NAME	First		Middle	***	Lost		20. DATE O				2b. H0	
(Type or print)	Elsie		Hammond		Bramb1	e		May 18	· 196	S Year	12:	AZ
3. SEX		4. RACE			S. DATE OF E	IRTH		6. AGE (In y	rears	IF UNDER 1 YEAR	R IF UNDER 2	
Female		White	2		Nov	ember 2	2, 189	7 70	YRS.	MLMIN) DOI	13 110013	payin.
o. BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED ENEVER MA	RRIED	9. COUNTY O	F DEATH				
Maryland		US		WIDOW		RCED 🔲	Kent	Co.,				M
O. CITY OR TOWN OF Chesterto		nive	AME OF HOSPITAL OR INS street address) at & Queen			during me		N (Kind of wor glife even if r erk		126. KIND INDUSTRY	OF BUSINESS C	)R
30. USUAL RESIDENCE odmission) STATE Mary Land	E (Where deceased	lived, if institu	tion: Residence before	13c. CITY		13d. INSIDE CITY LIV YES NO		TREET AND NUM	MBER			
14. FATHER'S NAME	First Samue 1	Middle James	COML	Ye	15. MOTHER'S N	AIDEN NAME FI			Aiddle izabe	th	lost Moor	re
160. WAS DECEASED E	VER IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY		7. INFORMANT				ddress			
Nes, no, or unknow	W) (u kez dise mai	de palez or service)	220-12-192	24	Hospita	1 Recor	ds	Che	stert		Maryla	
			ine for (a), (b), and (c).	)							POXIMATE INTERVA EN ONSET AND DEA	
PART I. DE	ATH WAS CAUSED IMMEDIAT	E CAUSE (a)	Caren	m	a le	& le	سرو			Lent	Kuonen	_
Conditions, if a rise to immedi stating the una last.		(b)	AS A CONSEQUENCE OF									
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBE	JTING TO DEATH BUT NO	OT RELATE	TO THE TERMINA	AL DISEASE ORC	ONDITION GIV	EN IN PART 1(o	)			
= 163 X												
19a. DATE OF OPI	ERATION 19b. CO	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20g. AUT	Act Care		F YES, WERE FI S OF DEATH?	NDINGS COI	NSIDERED IN	CERTIFYING	
3 OR CONTRIBUTIN	WAS UNDERLYING  G CAUSE OF DEATH  medical examine	r) HOUR A.M. P.M.	Manth Day Year		. HOW INJURY OC	,	,	ury in Part I a	r Part 2, Ite	am 18.)		
While Not of work	while work		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	/				y ar Town		County	Sta	
22a. I certif saw the causes	y that (I) (this e deceased ali- stated abave,	haspital) att ve an Ma (I) (we)(did)	ended the decease y 18 (did nat) view the	ed fram. 9 <u>68,</u> bady aft	April and that in (n er death.	8, 19 <u>_6</u> ny) (aur) api	8_, ta_ nian death	May 18	, 19 the date	68 , the and have	at (I) (we ur and fron	) la: n th
22b. SIGNATURE			ais.	- Co	EGREE PHYS.		ED.	STAFF PHYS.	22c. D/	ATE SIGNED	68	
22d. PHYSICIAN' NAME (Typ		. Dick,	M.D.		22e. AD C	DRESS hestert	own, M	larylan	d			
23a. BURIAL, CREMAT BREMOVAL (Specif	2 5.	TE -21-6	8 5774		OR CREMATORY  ND CE	- 2	57/1	-1011-	B K	[County]	(Stote)	0,
VICTOR		IEDY	STILL!	BNI	JAD,	DATE DATE	Y REGISTRAR AY 2 I	25b. RE	gistrar's s	SIGNATURE	Judge	·

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath certificate by executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and cample director, page 3 shauld be detached for use as the burial-transit permit. Then please remave to exhauld be filed with the State Dept. af Health priar to burial, cremation, or remaval, and in any even Page 4 may be retained by the hospital ar attending physician.

funeral 1 and 2 ofter death.

VR A15 (4) 30M REV. 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

*		CER	TIFICATE OF DEATH		17151
1. DECEASED-NAME (Type at print)		Smyth Brice		May 17, Mont 196	
male male	4. RACE	hite	Mar. 30,	1921 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or f	areign 7b. CITIZEN OF V	A	ARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Kent Co.	Mo
10. City or town of DEA Chestert		NAME OF HOSPITAL OR INSTITUTION IN STITUTION IN STREET OF HOSPITAL OR INSTITUTION IN STREET OR IN STR	At Home during	SUAL OCCUPATION (Kind of work do most of working life, even if retired al Estate	ne 12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (W) odmission) STATE MC		ution: Residence before 13c. ( Kent Che		NO 13e. STREET AND NUMBER 105 Pine	
Jame	es A. Brice		15. MOTHER'S MAIDEN NAME Anna		Md.
16a. WAS DECEASED EVER Yes no, or unknown) 1	IN U.S. ARMED FORCES? (If yes give wor or dates of service)  & Korea	16b. SOCIAL SECURITY NO. 213 14 141	17. INFORMANT 3 Mrs. Ba	yard Sutton	Chestertown,
		AS A CONSEQUENCE OF		ure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TEM Hours
rise ta immediate of stating the underlying the lost.	ing cause (o), (b) DUE TO, OR	AS A CONSEQUENCE OF	MIA.  EC KIDLE  ATED TO THE TERMINAL DISEASE O	y diJease RECONDITION GIVEN IN PART 1(a)	CONG.
190. DATE OF OPERATION OF A COLDENT WAS	ON 196. CONDITION FOR W	HICH OPERATION WAS PERFORN	VED 20a. AUTOPSY?	CALISES OF DEATHS	GS CONSIDERED IN CERTIFYING
210. ACCIDENT WAS  OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH HOUR A.M	. Month Doy Yeor	21c. HOW INJURY OCCURRED (En	nter nature of injury in Port 1 or Part	2, Item 18.)
While Not while	ED 21e. PLACE OF INJURY		21f. LOCATION Street or R.F.D. I	,	County State
saw the de causes stat	at (I) (this hospital) a ceased alive an ed abave, (I) (we) (did	(did nat) view the body	B, and that in (my) (our) of after death.	68, to 4_23, ppinian death accurred an the	19 <u>68</u> , that (I) (we) last date and haur and from the
22b. SIGNATURE <	MR. E	tige"	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 5/17/68
22d. PHYSICIAN'S NAME (Type)		rge A. Ote	🟚   Cheste	rtown, Md.	
230. BURIAL, CREMATION, BEFANOVAL (STRECTOR)  24. FUNERAL DIRECTOR	23b DATE/1968	23c. NAME OF CEMET  Arlington  Address	National Ce	23d. tocation (City or Town)  m. Arlington,  D BY REGISTRAR 25b. REGISTR	(Caunty) (Stote) Va.  AR'S SIGNATURE

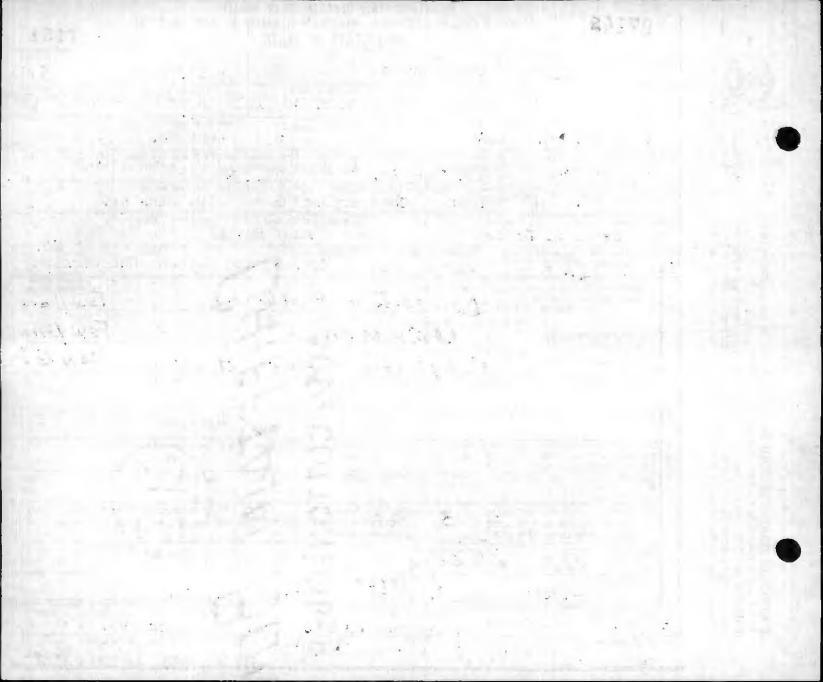
VR A15 (4) 30M REV. 1/68

Adges Tand Hours after death

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely ∰edirector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban postshauld be filed with the State Dept. of Health prior ta burial, cremation, or remaval, and in ony event, with the



DECEASED-NAME (Type or print)

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	I OF VII		CERTIFICATE OF DEATH	IMORE, MARYL	AND 21201	17	152
First		Middle	Last	20. DATE OF DEA			2b. HOUR
zabeth	760	M.	Brown	May	7, 1968	Year	2:05
4. RACE			S. DATE OF BIRTH		AGE (In years	IF UNDER I YEAR	IF UNDER 24 HE
Wh	ite		Sept. 18, 1	899	ist birthday)	MONTHS DAYS	HOURS MI

3. SEX Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) / WIDOWED DIVORCED & Kent Co. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Kent & Queen Anne's Hospital during most of working life, even if retired.) INDUSTRY Chestertown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITEOR-TOWN 13e. STREET AND NUMBER 7817 Aiken Ave. 13d. INSIDE CITY LIMITS? odmission) STATE Mary Land most Balto mesespecim 14. FATHER'S NAME First Middle IS, MOTHER'S MAIDEN NAME First Middle Last wam bl 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no ar unknawn) (If yes give war or dates of service) Hospital Records Chestertown, Maryland

	ane cause per line for (a), (b), and (c).) 3Y:	APPROXIMAT BETWEEN ONSE
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES | NO T 210. ACCIDENT WAS UNDERLYING

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year

(If either, natify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County

While Not while at work May 7 22g I sertifie that (1) (this bosnital) attended the decoaced from MAY

														e date and ha			
	causes st	ated of	ove, (1)	(we) (die	d) (did nat	) view the	e body aft	ter deoth.	(1119) (00	i) opinio	n dedin	accorred	OH III	e date dita ita	JI WIIW	num i	PE
2b. S	IGNATURE		1		/	1		ATTE	DINC	Z MED		STACE		22c, DATE SIGNED		-	

DIRECTOR

22e. ADDRESS T. Keefe, M. D. Chestertown, Maryland

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. 8URIAL, CREMATION, REMOVAL (SOPCIE) Gardens of Faith Cemetery 5/10/68.

Leonard J. Ruck, Inc. Balto. Md. 21214

Baltimore, Md.

(County)

AND DEATH v. m

State

(State)

**O FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transit O HOSPITAL OR ATTEND Page 4 may be retained director, po 30M REV. 1/68

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

physician.

the hospitol or attending

physician and completely filled in by

the attending

pleose remave corbon

and in ony event, within 72

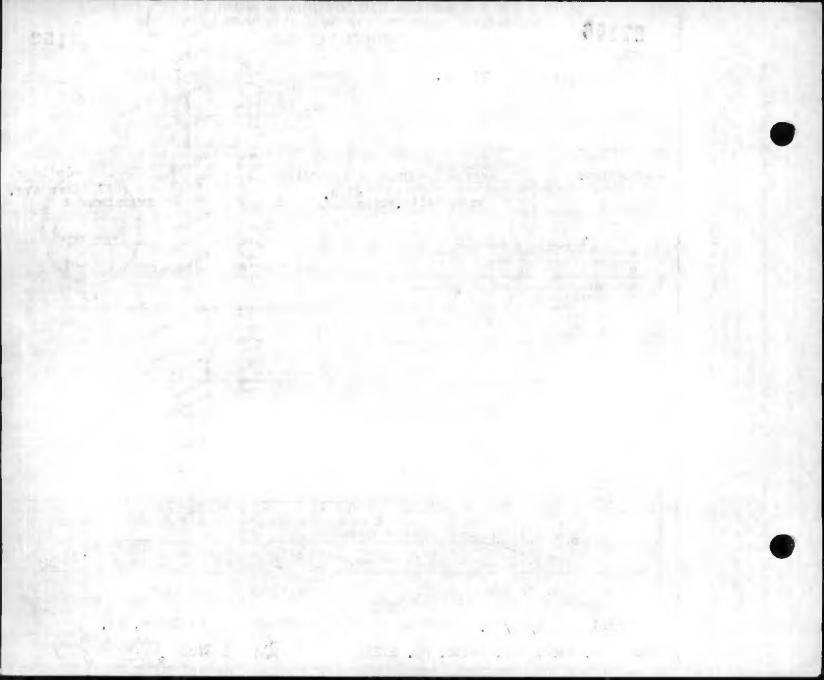
buriol, cremation, or removol,

be detached for use as the State Dept. af Health prior to

22d. PHYSICIAN'S

24. FUNERAL DIRECTOR

NAME (Type)



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME Fist Middle Lost 20 DATE KNOWN Month Day Year 20 HOUR (Type or Print) ACTION OF EXILED TO THE STATE OF THE
to to of	(Type or Print) MICHAEL GLENN BROWN OF ESTI- 5/6/68 19 1 1 30
deloy ind 3 to	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years   f under 14 Feb   15 Under 14 Feb   2c DATE PRONOUNCED DEAD 2d HOUR
And deloy	male white 9/6/64   3 YRS   1807 1968   4
- 5 ( )	70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARR.ED NEVER MARRIED 9. COUNTY OF DEATH
	(Gunity) Kent Co. Md. USA WIDOWED DIVORCED Kent Co.
deoth w th for	10 CITY OR TOWN OF DERHOUTE 20 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
7 2 2	Chestertown   g ve street oddress)   during most of working ife, even if ret red   INDUSTRY
s ofter deoth 18. Give Poge s olong with 2 with the Stol	130 USUAL RES DENCE (Where deceosed yed, functiful or Residence before 13c (17Y OR TOWN 13d INSIDE CITY, MISS? 13e, STREET AND NUMBER
	odmiss on) STATE Md.   13b (OUNTKent Chestertown YES   NO X
thours ofter them 18. Give Office olong	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	Wm. Edward Brown Janice Russum
hin 24 nal in niner's pages hours	160 WAS DECEASED EVER N S ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
	(Yes, no, or Jnknown) [If yes give war or dates of service] no Janice R. Brown Chestertown, Md.
xecuted wr' rding" in pe Med.cal Exar permit. F.le it within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Med.cal E nisit permit. F event within	PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) Severe burns Short
Mer Mer	DUE TO, OR AS A CONSEQUENCE OF
be "pe "pe lief insit	Conditions, if any, which gove
word word the Ch riol-tro	rise to immediate couse (o).  stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should be en word "per or the Chief I buriol-transit	last.
the shift to the distribution of the individual individ	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ficate ing the rided to os a b	
This certificate should tote, writing the word be forwarded to the Che used os a buriol-transmr removal, and in any	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY? YES NO.
This colicote, to be for a for rem	WAS PERFORMED?  YES NO
Thi ficot be ld be or r	210 EXTERNAL CAUSE WAS 216 T ME OF IN. JRY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
VER: T certific hauld be les. sheeld tion, or	PRIMARY OR CONTRIBUTING 11:30xx 5/6/ 19 68 House fire.    OR CONTRIBUTING 11:30xx 5/6/ 19 68 House fire.   OR CONTRIBUTION   OR CONTRIBUTI
She she national	- 10 to 10 t
EXAMINER: cute the cert oge 4 shauld ryour fles. Page 3 shauld the cert of the	WHITE AT WORK AT WORK OF INJUST (AT HOME, TOTM, STREET, AT WORK AT WORK AT WORK OF INJUST (AT HOME, STREET, STREET, AT HOME AT WORK AT WORK OF INJUST (AT HOME, STREET, STREET, AT HOME AT WORK AT WORK OF INJUST (AT HOME, STREET, STREET, AT HOME AT WORK OF INJUST (AT HOME, STREET, STREET, AT HOME AT WORK OF INJUST (AT HOME, STREET, STREET, AT HOME AT WORK OF INJUST (AT HOME, STREET, STREET
	220. I certify that I tack charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
ICAL Electurer Porton Porton For CTOR: burial,	death resulted from. Natural causes, Accident Suicide, Hamicide Undetermined monner
please ed.rector	CHIEF MEDICAL EXAMINER
2 2 .0	SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 22b. DATE SIGNED
EPUTY ssory, funero oy be JNERAL	EXAMINER'S Robert W. Farr DEPUTY MEDICAL EXAMINER \$ 5/6/68
o DEPUTY necessory, please the funero directine 5 may be retaine 0 FUNERAL DIREC  mealth prior to b	NAME (Type) Chestertown, Md. Kent Co. ADDRESS(Street, city, town, or county)
TO Dinece the the CO Fig.	230 BUR AL CREMATION 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty of Town) (County) (Stote)
Ro	Burial 5/9/68 Chester Cemetery Chestertown, Md.
	24 FUNERA DIRECTOR   250 REC'D BY REGISTRAR 25 REGISTRAR 5 S GNATURE
VR A15ME (5) 10M REV. 1/68	Julle Wells Chestertown, Md. DATE MIN 9 1958 Minutes Judge.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	3717	Ü			CER	RTIFICA	TE OF	DEATH					,		
	ECEASED NAME	First		Midd	le		Last		20.	DATE OF OR	ATH Month / ]	Day.	Year	2b.	HOUR
1	(ype or print)	Viol	la	NMN	1	G	ibel			N	lay 6,	196	8	9:	10 <sup>M</sup>
3. 5	EX		4. RACE				DATE OF B				AGE (In yet		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS
	Female		Wh	ite			March	17,	1901		last birthday 67	YRS	MUNITY DATA	HOOKS	Miles
7o.	BIRTHPLACE (State or	foreign	76 CITYZEN	OF WHAT COUNTRY?	8 ,	MARRIED 🔲	NEVER MAR	RRIED	9. COU	NTY OF D	ATH				
COU	New York		US		W	IDOWED 🔀	K DIVO	RCED 🔲	K	X Ke	nt Co.				Md.
10	Chestert			11 NAME OF HOSPIT give street address) Kent & Q			•	durna	mast of v		nd af work e, even if ret <b>ary</b>		126. KIND OF INDUSTRY	BUSINES	OR
	JSUAL RESIDENCE (	Vhere deceas			before 13a	CITY OR TO	WN	13d INS/DE CIT		13e STREE	T AND NUMB	BER			
utiff	ission) STATE Ma	ryland	13b. COU	Kent	R	tock H	a11	YES _	NO 🔀	Во	x 71				
14.	FATHERS NAME	First	Mic	idle	Last	15 N	OTHER'S M.	AIDEN NAME	First		Mi	dd.e		Last	
	Oti	to	1	MMN M	arx				Maria	a	M	IN	Sc	hle	sier
160	WAS DECEASED EVE		MED FOR CES?	16b. SOCIAL S	ECURITY NO.	17 INFO	RMANT				Add	ress			
	es, no, ar unknawn) NO	fu sez dase a	**************************************	082-2	8-5701	Н	ospit	al Re	cords	sC	heste	rtowi	n, Mary		
				per line for (a), (b),									APPROXI BETWEEN C	MATE INTER	VAL
	PART I DEATH		D BY: ATE CAUSE (a)	CARC	INO	MA	10	515					3	40	N84
	160		, ,	OR AS A CONSEQU	ENCE OF									-	
	Candit ons, if any,		rı.	BRANC	HOG	SNIC	_ (	A.					TM	ON	THS
	rise to immediate stating the under		DUE TO	OR AS A CONSEQU											
	lost.	)	1 (6	1											
	PART 2 OTHER SIG	NIFICANT CO	NDITIONS COM	TRIBUTING TO DEAT	H BUT NOT R	ELATED TO TI	IE TERMINA	L DISEASE C	R CONDITH	ON GIVEN I	N PART 1(a)				
_	1011														
TIFICATION	19a, DATE OF OPERA	TION 19b	CONDITION F	OR WHICH OPERATION	N WAS PERFOR	RMED	20a. AUTO		<b></b>	CAUSES O		DINGS (O	INSIDERED IN C	ERTIFYIN	G
ERI	21a ACCIDENT WA			IME OF INJURY		21c HOW	INJURY OC	CURRED (Er	nter nature	af injury	in Part 1 ar	Part 2, It	tem 18.)		
SCAL	OR CONTRIBUTING {			A.M. Manth Da	y Yeor										
MED	21d. INJURY OCCJI While Not whi	RRED 218.	PLACE OF IN	JURY (AT HOME FARM, OFFICE BUILDING	STREET, EACTORY, G, ETC.			et or R.F.D.		City of			County		tate
	saw the c	leceased a	live an	) ottended the May 15 (did) (did not) vi	19_6	18., and t	hot in (m	, 19 ny) (our) d	1 <u>68</u> , apinion (	to <u>Ma</u> death oc	y 15 curred on	, 19_ the dat	68 , thot te ond hour	(I) (wanted	re) lost om the
	22b. SIGNATURE	m.	Ol	liga		DEGREE	ATTENDI PHYS	NG 🗖	MED DIRECTOR		STAFF PHYS.	22c D	PATE SIGNED	16	8.
	22d PHYSICIAN'S NAME (Type)	Jorge	Otei	za, M.D.			22e. ADI Ch	oress ester	town	, Mar	yland				
230	BURIAL, CREMATION REMOVAL (Specify). Buria		DATE /18/6	-	John			ic Ce	1		(City or Tow k Ha]		(Caunty) Md.	(Stot	e)
24	FUNERAL DIRECTOR		1/12	. (( Ch	ADDRESS ester	town	, Md	2So, REC'I	AAY	STRAR	25b REGI	Mile	S GNATURE	uog!	

0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

TO FULL RAL DIRECTOR: After this certificate has Filed signed by the attending pilysician and campletely filed director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pashauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items#5,6,14,Film#G401 5/31/69km CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR (Type or print) Month Henry **NMN** G111 May S. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years IF LINDER 1 YEAR Dec. 29, 1898 White Male 9. COUNTY OF DEATH 75 CIT-ZEN OF WHAT COUNTRY? 7o BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED Country Mary Land DIVORCED [ Kent Co.. TIS WIDOWED | requires that the death certificate be executed within 24 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street address) **INDUSTRY** Chestertown Kent & Queen Anne's Hospital Dairy Ice Cream Business - Ret. 13o, USUAL RESIDENCE (Where deceased fixed, if institution. Residence before: 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY 205 Washington Ave. YESES Chestertown Maryland 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Charles Della Hepbron 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. Address Nes na, ar unknown) (If yes give war or dates of service) 216-49-8648 Hospital Records Chestertown, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) buriol-transit p Conditions, if any, which gave ) rise ta immediate cause (a), signed by DUE TO, OR AS A CONSECUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) the has been 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AJTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22o. I certify that (I) (this hospital) attended the deceased from May 13 , 1968 , to May 13 , 1968 , that (I) (we) last saw the deceased alive on May 13 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR director, page should be filed PHYS 22d. PHYSICIAN'S 22a. ADDRESS . Robert W. Farr, M. D. NAME (Type) Chestertown, Maryland 230. BURIAL CREMATION, REMOVAL (Spedfy) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City/or Town) (County) (Stote) uneter 2So REC & BY. REGISERAR REGISTRAR'S SIGNATURE 30M REV 1/68 DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: TIE low requires that the denth certificate be executed within 21 hours often death.

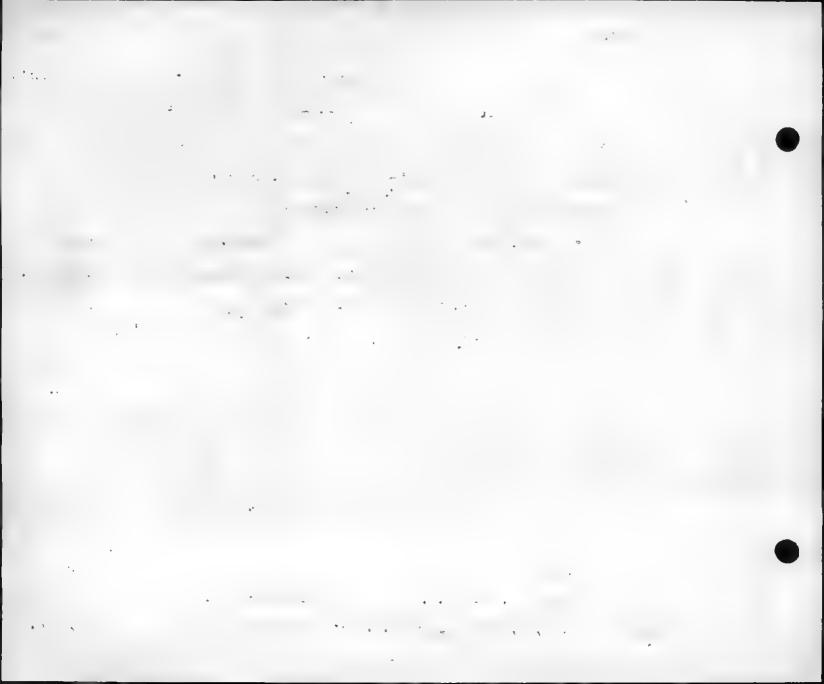
Poge 4 may be retained by the haspital or attending physician.

JOM REV

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and existing the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours pffer agest.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	37150		CER	TIFICAT	TE OF DEATH							
	CEASED-NAME First		Middle		Lost	20. DATE OF	DEATH Month	Doy	.Ye	MIL	2b. I	HOUR
`	Lerov	N	MN	Har			5	2	6 <sup>Y</sup> 8	_		:1
SE	X	4. RACE		5.	DATE OF BIRTH		6. AGE (In year lost birthdoy)		IF UNDER 1		IF UNDER	24 HR
	Male	Negro			4-23-1919		49	YRS.				
	SIRTHPLACE (State or foreign 7	TO CITIZEN OF WHAT CO	OUNTRY? 8 N	MARRIED T	NEVER MARRIED	9 COUNTY OF	DEATH					
/UII	"Galena	USA		IDOWED	DIVORCED		Kent					1
	ITY OR TOWN OF DEATH	11 NAME O give street	F HOSPITAL OR INSTITUTION oddress)	,	hospital 120. USU	AL OCCUPATION  10st of working  17m Hand	(Kind of work Life, even if reti	red )	12b KI INDUS	ND OF B	LISTNESS	OR
	estertown USUAL RES DENCE (Where deceosed	lived of institution 6	Kent-L				REET AND NUMB					
	ssion) STATE Maryland	13b COUNTY	31	41.1498	YES N	0   136 31	KEEL AND NUMB	CK.				
4. F	ATHER'S NAME First	Middle	Lost	15. M	OTHER'S MAIDEN NAME	First	Mid	dle			Lost	
	James.	Fredrick	Harris			nretta	?		Be	ensc	n	
	WAS DECEASED EVER IN U.S. ARMER es, no, or unknown) (If yes give wer	D FORCES? 16b.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ess				
	No.	2		Ke	nt_Oueen_	Anne Hos	spital	Ches	teri	OWE	. 1	d.
	18. CAUSE OF DEATH (Enter only		(o), (b), and (c).)							APPROXIMA TWEEN ON		
	PART I. DEATH WAS CAUSED IMMEDIATI	BY: E CAUSE (0)	torachno	rd L	emorrhus				12	ho	u	Z
	ė.	DUE TO, OR AS A A	CONSEQUENCE OF		1			0	1	,		
	Conditions, if ony, which gove	161 440	houten ou	al 4	aseVIS		/	801	ut o	n	au	
	rise to immediate couse (o), ( stating the underlying couse(	DUE TO, OR AS A	ONSEQUENCE OF								<u> </u>	
	last.	(c)	1									
	PART 2. OTHER SIGNIFICANT COND		TO DEATH BUT NOT RE	LATED TO TH	E TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(o)		-			
~		*										
CERTIFICATION	190 DATE OF OPERATION 196 CO	ONDITION FOR WHICH O	PERATION WAS PERFOR	MED	20a. AUTOPSY?		YES, WERE FIND	INGS CO.	NSIDEREE	) IN CE	RTIFYING	5
					YES NO	CAUSES	OF DEATH?					
	210 ACCIDENT WAS UNDERLYING			21c HOW	INJURY OCCURRED (Ent	er noture of inju	ry in Port 1 or P	ort 2 It	em 18)			
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine		onth Doy Yeor									
MED	21d. INJURY OCCURRED 21e. P	LACE OF INILIRY LATHO	OME FARM, STREET, FACTORY	21f LOCAT	ION Street or R.F.D. No	o. City	or Town		County		5	tote
	Wh.le Mot while of work	( OFFIC	E BUILDING, ETC.	,		,						
	22a. I certify that (I) (this	hasnital) attende	d the deceased f	ram 5	19	6 % ta	5/5	196	Y	that	(1) (w	1 10
	saw the deceased ali	ve an 5/5	196	🕰, and th	at in (my) (aur) ap		occurred an t	he dat				
	causes stated abave,	(l) (we) (did) (did	nat) view the bad	y after dea	th.							
	22b. SIGNATURE	00-0			ATTENDING -	MED _	STAFF	22c. D.	ATE SIGN	ED		
	1 Sou	XIV to		DEGREE		DIRECTOR L	PHYS L	5/	77/	6/		
	22d. PHYSICIAN'S				22e. ADDRESS							
	NAME (Type) Robe:	rt W. Farr	M.D.	-11	Chesterto	wn, Md.						
	BURIAL, CREMATION, 236 DA		23c NAME OF CEME				ON (City or Town	)	(County		(Stote	
		11,1968		E.Chu	rch Cemete:	Ty Gale	ena,		Ker	it,	Md	
24	FUNERAL DIRECTOR		ADDRESS	_		BY REGISTRAR	1968 REGIS	Cles	IGNATUS	E Que	del	
(	dward tel	lorus //	Kellengh	12/7/	ECLIDATE M.	WI TO	NOO /		1	1	9	
			-									



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3 10-
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED-NAME Frst Middle Lost 2a DATE KNOWN 🔀 Month Do	ay Yeor 2b HOU
2 8 1 b	1	(Ype or Print) ELWOOD RAY KENDALL DEATH MATED 5/1	оү Yeor 2b ноц 6/689 Н: РТ
\$ 0 ti	3 58	X 4 RACE S DATE OF BIRTH 6 AGE (In years F JHOER I YEAR JF UNDER 74 HRS 20 DATE PRONOUNCED DEAD	24 HOU
de d	I	nale white 9/24/1944 23 YRS MANTHS OAYS HOURS MAN MONTHS OAYS HOURS MAN MONTHS OAYS HOURS MAN MONTHS OAYS	Year 19 5,65
ny de 1, 2, and m PM3 Deportm	7o 1	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED \$\infty\$ 9. COUNTY OF DEATH	
Form of the part o	ceun	Kent Co. Md. USA WIDOWED DIVORCED Kent	,
		ITY OR TOWN OF DEATH 11. NAME OF HOSPITA, OR INSTITUT ON (If not in hospital 120 USLAL OCCUPATION (Kind of work done 12)	b KIND OF BUSINESS OR
ofter death  8. Give Pages along with for with the State	)	Lynch Jewell Grain Elevators during most of working life, even if refired) INI	grain
F. F. B. G. F.	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d JISIOE CITY LIMITS? 13e. STREET AND NUMBER	
S 0 10 10 10 10 10 10 10 10 10 10 10 10 1	- 04	druss on) STATMaryland 3b COUNTY Kent Lynch YES 🔼 NO 🗌	
thours Item 14 Office Iond 2	14. F	ATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle	Last
4 h		Louis E. Kendall Anna Usilton	
hin 24 nal in niner's poges hours		WAS DECEASED EVER IN L. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS T. 320 C	h. Md.
s within 24 in pencil in Examiner's File poges in 72 hours	V	(es no, or unknown) (types gave acque dottes of sergee) 216 44 8449 Anna Kendall	,
be executed with perding" in period of the fraction of the fra		18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
ute mut vith		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (0) Suffocation	Short
Med Med per per per		10 - 4 DUE 10, OR AS A CONSEQUENCE OF	
pel pel nsit		Conditions, if any, which gave ) Printed under great which fell on ton of	nim.
word "pending" i word "pending" i the Chief Medical rial tronsit permit i ony event withiu		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		last.	
g the ed to to so but		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fired ing ded ded as	-	*\$ /	
This certificate icate, writing the be forwarded to be used as a formand or removal, and	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his cate, ate, be us	FIFIC	WAS PERFORMED?	YES NO
certificate, writing the ould be forwarded to es. hould be used as o but ion, or removal, and is	ER.	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item	
INER:  e certification of the strong of the	MEDICAL	PRIMARY TOR CONTRIBUTING THE HOUSE STATE OF DEATH  CAUSE OF DEATH  15 PM 5/16 19 68 See above	
로 e 상도 있 글	MEI	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame farm, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
cute the certions oge 4 should ryour files. Poge 3 should, cremation,		WHILE AT WORK AT WORK TOWER TOWER TO Grain Elevators Lynch Kent	Maryland
Pogor )		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry,	and in my apinic
crok:		deoth resulted from: Notura couses , Accident , Suicide , Homicide Undetermined monner	
Pose dramed TRE		CHIEF MEDICAL EXAMINER	,
y, ple gral di		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIG	NED
ery, ory, ory, be be		EXAMINER'S Robert W. Farr DEPUTY MEDICAL EXAMINER 5	/16/68
o DEPUTY CICAL EXAM necessory, pleose execute the funeral director Poge 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to burial, crem			
5 5 F	23a	NAME (Type) Chestertown Kent Co Md ADDRESS(Street, c.l.y. town, or county)  BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CHY or Town) (CC	aunty) (State)
20	I	Garial 5/19/66   Chester Cemetery   Chestertown, M	ld.
1700		FUNERA DIRECTOR ADDRESS 250 REC'D BY REG STRAR 256 REG STRARS SIG	
VR A15ME (5) 10M REV 1768		The Chestertown, Md. DATE MAY 21 1968 gold	wes Judge



MEDICAL EXAMINER'S CERTIFICATE OF DEATH    Control   Con	1		I t	Am 21 Cilm 400 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Def Ref Ref Sea Ame   Fast   Mode   Roy CLEVELAND   Roy Cleve	FOR ST	ATE		
ROY CLEVEIAND KINSEY    State   White   June 15, 1910   5 /18   1 /18				FEFASED-NAME First Middle Lost 2g DATE KNOWN Month Day Year 12b HO.
Court   Boonsmill   Va   USA		1 1 A 3	(	Type or Print) ROY CLEVELAND KINSEY  OF ESTI- DEATH MATED V 5 11 168 95
Court   Boonsmill   Va   USA   WIDOWLD   DUVOKED   Kent Co. Md.   In Control to Note   Duvoked	d 3 Pa	ent	R .	
Court   Boonsmill   Va   USA   WIDOWLD   DUVOKED   Kent Co. Md.   In Control to Note   Duvoked	y do	2		May 12 white June 15, 1910 57/ks. May 12. 1968 1968
18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter	- C C E	e b	70	BIRTHPLACE (Stote or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARR ED NEVER MARRIED 9. COUNTY OF DEATH
18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter	\$ \$ £	J.	100	Boonsmill, Va. USA WIDOWED DIVORCED Kent Co. Md.
18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter	eoth Pag	5		17 OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital   12a USUAL OCCUPATION (Kind of work done   12b KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY
18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter	ive g w	#		Machinist Prop.
18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter	offe 8. G olon	with	130	dm ssion) STATE Md. 130 (OUNTY Baltimure City YES X NO B615 Brooklyn Ave
18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (b) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter-only one case per line for (a), (c) and (c)  19 DATE OF DEATH (Inter		er d		
18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-one case case case case case case case cas	of Fe	5		
18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  18 CAUSE OF DEATH (Inter-only-one case per line for (a), (b) and (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-only-one case per line for (a), (c)  19 DEAT (Inter-one case case case case case case case cas	n 2 n in	sages		WAS DECEASED EVER IN ILS ARMED EDRICES? LIAM SOCIAL SECTION ON 17 INSORMANT ADDRESS 36 5 BTOOK 137D
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SUPPLY MADE IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OP	v thi penc amii	e pc	(	no lives give wor or dotes of service) 226-01-4753 Anna Kinsey Baltimore, Md 212
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SUPPLY MADE IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OP	d ×	Fi m 7		APPROX MATE INTERVA
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SUPPLY MADE IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OP	rute ng: dico	III #		PART I DEATH WAS CAUSED BY ACCIDENTAL DROWNING
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SUPPLY MADE IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OP	exe andi	and the J		DUE TO, OR AS A CONSEQUENCE OF
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SUPPLY MADE IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OP	be i.p.	eve		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SUPPLY MADE IN PART I(g)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OPERATION  PART 2 OTHER SIGNIFICANT CONTRIBUTION OF WHICH OP	ould rord	al-tr ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS FOR WHICH OPERATION	she w	buri in		(c)
WAS PERFORMED?  WAS PERFORMED?  WAS PERFORMED?  WAS PERFORMED?  YES NO   YE	rote ng th	o and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)
WAS PERFORMED?  WAS PERFORMED?  WAS PERFORMED?  WAS PERFORMED?  YES NO   10 10 10 10 10 10 10 10 10 10 10 10 10 1	vriffi vriffi vara	ed c	NO.	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
PRIMARY NOR CONTRIBUTING   1968 ar archtly fell from boat    Cause of DEATH   1968   21   21   21   21   21   21   21   2		E LES	E E	
ACTUAL SIGNATURE Chestertown, Kent Co. Maryland DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASS	E figt	d be	18	210 EXTERNAL CAUSE WAS 21b TIME OF NIURY Month Day Year 21c HOW INTURED (Finer nature of numy in Part 2 from 18)
ACTUAL SIGNATURE Chestertown, Kent Co. Maryland DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASS	ertil	noul on,	1 g	PRIMARY OR CONTRIBUTING DIDORAM. 111 1968 are arently fell from boat
ACTUAL SIGNATURE Chestertown, Kent Co. Maryland DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASS	AIN he can be ca	3.51	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
ACTUAL SIGNATURE Chestertown, Kent Co. Maryland DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASS	XAN te t ge 4	crer	4	AT WORK AT WOR
ACTUAL SIGNATURE Chestertown, Kent Co. Maryland DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASS	cecu Pog	19 Joh		22a   certify that tack charge of the remains described above, held on Autapsy . Inspection V, Inquiry . and in my apini
236 BARIAL (REMATION) PROPERTY OF CREMETERY	e ey			death resulted from. Natural causes, Accident V, Suicide, Hamicide, Undetermined manner
236 BARIAL (REMATION) PROPERTY OF CREMETERY	eos direct	5 E		CHIEF MEDICAL EXAMINER
236 BARIAL (REMATION) PROPERTY OF CREMETERY	7. P	AL Prio		SIGNATURE AD ASSISTANT MEDICAL CARMINER LZ
236 BARIAL (REMATION) PROPERTY OF CREMETERY	Ssor inne	E E		EXAMINER'S Chestertown, Kent Co. Maryland May 12, 1968
Burial May 15,1968 Glen Haven Cem. Ritchie Hgwy. A. A. Co., Md.	he d	Heo les	0.2	
	1	12	230	
24 FUNERAL DIRECTOR ADDRESS 250 RECO BY REGISTRAR 250 REGISTRAR 5 5 GNATURE		M	24	
VRAISMEIST George J. Gonce-4001 Ritchie Hgwy. Baltimore DATE MAY 17 1968 golden guide			Ge	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 viij CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR and 2 death. 24 hours after death (uneral (Type or print) 3. SEX S. DATE OF BIRTH 6 AGF (In years IF UNDER I YEAR last birthday) HOURS 12-4-8 7a BIRTHPLACE (State or fareign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | X country) WIDOWED | DIVORCED and in any event, within IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (15 not in hospital 12b KIND OF BUSINESS OR The law requires that the death certificate be executed within give street address) during most of working life, even if retired ) **YATSLIGM** remove carbon 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 113c CTY OR TOWN 13d IMSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle Lost Middle Last physician a ien please 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, ar upknown) (If yes give war or dates of service) s gned by the attending physic burial-transit permit. Then planding burial, crematian, ar removal, APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove ) rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s ise as the t th priar tab by the haspital or attending ARCINOMA 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached far use should be filed with the State Dept. af Health j YES 21a ACC DENT WAS INDERLY NG 2 c HOW INJURY OCCURRED (Enter nature at injury in Part 1 or Part 2, Item 18) 121b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, nat fy medical examiner) 21d INJURY OCCURRED 21e PLACE OF IN. JRY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While hat while at work ATTENDING 22a | certify that (1) (this traspital) attended the deceased from 5-6, 1968, ta 5-70 . 1965 , that (1) (we) last 5-10 \_19 68, and that in (my) (ear) apinian death accurred an the date and haur and fram the saw the deceased alive an... Page 4 may be retained director, page 3 should should be filed with the causes stated above, (1) (did) (did) (view the body after death. 22b SIGNATURE 22c. DATE SIGNED O HOSPITAL OR DIRECTOR 22d PHYS CIAN S NAME (Type)

23c NAME-OF CEMETERY OR CREMATORY

\*OCATION (City or Town)

VR A15 (4) 30M REV 1768 23a BURIAL, CREMATION

23b DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37150 CERTIFICATE OF DEATH 26 HOUR 4: 40 M Middle Lost 2n DATE OF DEATH First Month 31 Sadie Rebecca Roy May 4. RACE S DATE OF BIRTH 6 AGE (in years F JINDER 1 YEAR IF UNDER 24 HRS. last birthdoy) **MONTHS** HOURS Feb. 14, 1900 Negro 9. COUNTY OF DEATH To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Kent Co. DIVORCED [ WIDOWED XX US Maryland 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR working | fe, even if refired )
Housewife INDUSTRY Kent & Oueen Anne's Hospi Chestertown 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 135. COUNTY NO. #1 YES . Rt. Kent Worton Middle First Middle Lost IS MOTHER'S MAIDEN NAME First Matilda Hance Henry Jones Mary John 16b SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Chestertown, Maryland Hospital Records 219=14=3028 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) FYING Stote (we) last

Chestertown, Maryland

250 REC'D BY REGISTRAR

DATE JUN

LOCATION (City or Town)

1968

2Sb.

from the

(Stote)

(County)

REG STRAR S SIGNATURE

PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	yal carenomo	كمين	>
DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	ma of at bros	+	3 400
ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)	
70 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMING	ED 200 AUTOPSY?  YES NO NO	206 IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	IDERED IN CERTIF
OR CONTRIBUTING CAUSE OF DEATH  f either, notify medical examiner)  HOUR A.M. Month Doy Year  P.M.  19	21c. HOW INJURY OCCURRED (Enter note	ire of injury in Port 1 or Port 2, Iter	n 18.)
AT HOME, FARM, STREET, FACTORY,  While Not while work of work			County
2a. I certify that (!) (this haspital) attended the deceased from saw the deceased alive an May 31 19 6 causes stated above, (!) (we) (8id) (did not) view the bady.	💆 and that in (my) (aur) apinian	, to May 31 , 1908 death accurred on the date	hand haur and
DESIGNATURE DESIGNATURE	DEGREE PHYS MED DIRECT	C STAFF C	TE SIGNED
2d. PHYSICIANS NAME(Type) A. C. Dick. M.D.	22e. ADDRESS Chestertown	Maryland	

23c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

VR A15 (4, 30M REV 1768

07154

DECEASED NAME

(Type or print)

Female

domission) STATE Mary Land

14 FATHER'S NAME

Yes, no, or unknown)

3. SEX

country)

death.

funeral Tand

Der

within

remave carbon pa

and campletely filled

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 hours after death.

O FUNERAL DIRECTUR: After this certificate has been signed by the attending thysican director, page 3 shauld be detached far use as the burial-transit permit. Then places

Page 4 may be retained by the hospital or attending physician.

director, page 3 shauld be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, crematian, or removal

CERTIFICATION

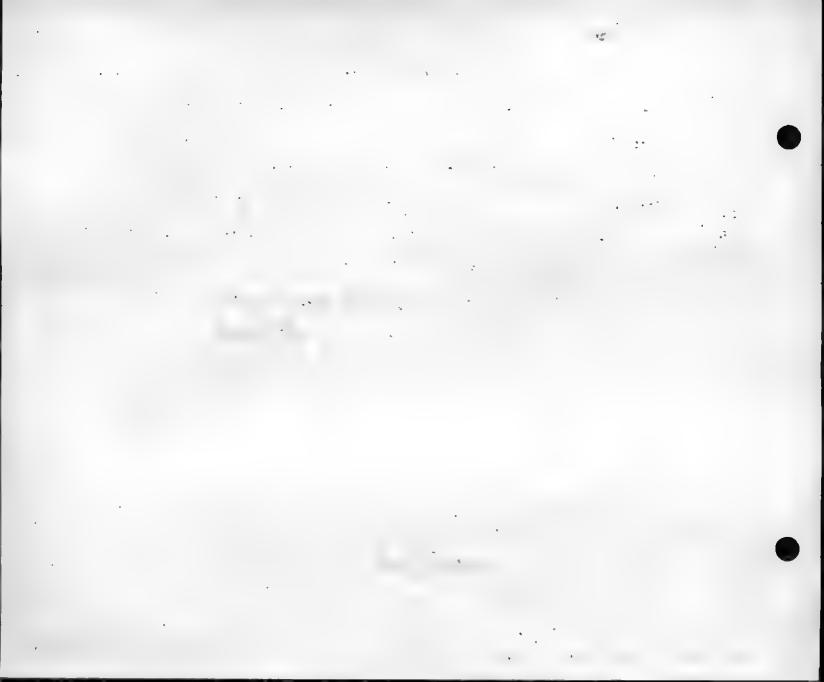
MFDICAL

23o. BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

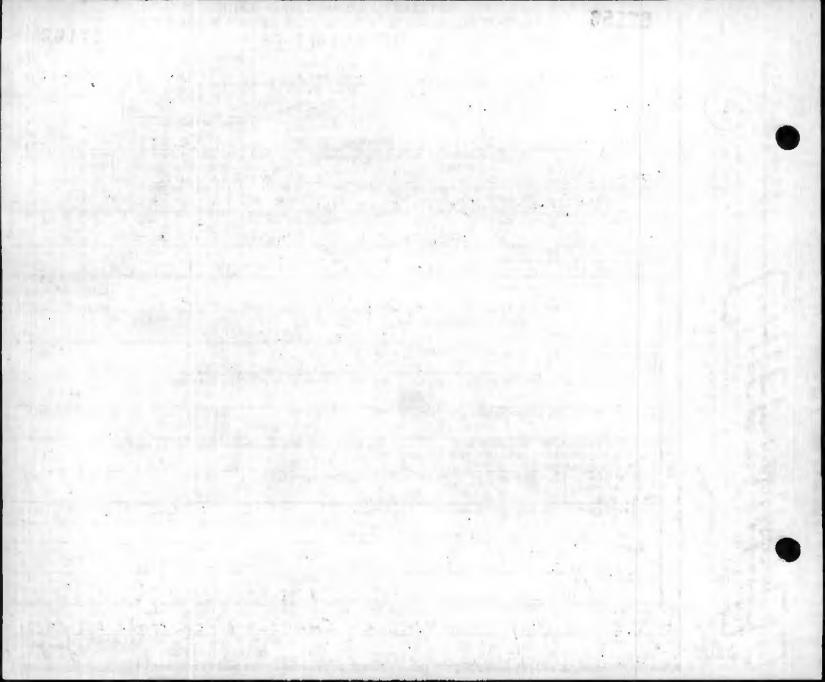
A. C. Dick, M.D.

236, DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME 20 DATE KNOWNER Month Middle 25 HOUR Year (Type or Print) ESTI-5/6/68 :30 TERESA RUSSUM HELEN DEATH MATED 4. RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 20 HOUR 5. DATE OF BIRTH DATE PRONOLINCED DEAD рио 10/18/1914 P.M3 1968 white female 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | 9. COUNTY OF DEATH country) Kent Co. Md. USA WIDOWED [ Ken t Co. DIVORCEDATE 10 CITY OR TOWN OF DEROUTE 20 11 NAME OF HOSPITAL OR INSTITUT ON ( finet in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of warking life\_even if retired ) INDUSTRY Chestertown, Md. Give ousewife home 13a JSUAL RESIDENCE (Where deceased led finishtul an Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIM IS? 13e STREET AND NUMBER odm.ss.on) STATE Marvland COUNTKent Chestertown Rural lond 2 Item | 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Middle Maurice Willson Ida Downey pages hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITING 17. INFORMANT pencil ADDRESS be executed within (Yes, ng. grunknown) Sylvia Middleton - Chestertown. 를 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. **GETWEEN ONSET AND GEATH** the Chief Med cal PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Severe burns Short DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a). s certif cote should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO TE the certificate, 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) should PRIMARY DOR CONTRIBUTING 10 68 House fire CAUSE OF DEATH 21.4 INTURY OCCURRED 21e PLACE OF INJURY (At home, form street 21f LOCATION Street or R F D No. City or Town County State Page factory, affice building, etc.) AT WORK AT WORK Chestertown REF Md. Kent home 220 I certify that I took charge of the remains described above, held an Autopsy , Inspection 3 Inquiry and in my apinian Natural causes , Accident , death resulted fram Suicide . Hom cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... Robert Farr DEPUTY MEDICAL EXAMINER Chestertown. Kent Co. ADDRESS(Street, city, town, or county) Md. 230 BURIAL CREMATION. 0 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole) REMOVAL (Specify)
Buria Wesley Chapel Cem. 5/9/68 Rock Hall. ADDRESS PUNERAL DIRECTOR 2Sa REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Chestertown, Md. DATE 10M REV

. 1 \* . .



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

37157 07163 CERTIFICATE OF DEATH 1. OECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Walter Raymond Wallace 68 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS Male Colored 2/28/1893 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. Kent County. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OF durna nost of warking life, even if retired.) INDUSTRY Farm give street address) Chestertown Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland 3b. COUNTY Kent Chester town -232 Cannon Street 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Last Lost Fredrick Wallace Sarah Carrol 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 232 Cannon 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 211-16-4181 Mrs. Marion Wallace Chestertown . Md. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO DA YES 21 o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 11-28-66, 19, ta 5-22-, 1968, that (1) (we) lost saw the deceased alive on 5-22- 1968 and that in (my) (our) opinion death occurred an the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. OATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S J.A.Oteiza NAME (Type) Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, (County) 5/29/68

should be filed VR A15 (4) 30M REV, 1/68

requires that the death certificate be executed within 24 hours ofter death

ond

completely filled in

or removal,

signed by the burial-tronsit

has been

this certificate by the hospital or

O FUNERAL DIRECTOR: After

24. FUNERAL DIRECTOR

Mt.Pleasant Cem.

Chestertown . Md .

R.F.D. Chestertownen

2So. REC'D BY REGISTRAR 19682Sb.

